

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/767331	FILING DATE 01-22-01			
CLAIMS							APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52		/		
3		/					53		/		
4		/					54		/		
5		/					55		/		
6		/					56	/			
7		/					57		/		
8		/					58		/		
9		/					59		/		
10		/					60		/		
11		/					61		/		
12		/					62		/		
13		/					63		/		
14		/					64		/		
15		/					65		/		
16		/					66	/			
17		/					67		/		
18	/						68		/		
19		/					69		/		
20		/					70		/		
21		/					71		/		
22		/					72		/		
23		/					73		/		
24		/					74		/		
25		/					75		/		
26		/					76		/		
27		/					77		/		
28		/					78	/			
29		/					79		/		
30		/					80		/		
31		/					81		/		
32		/					82		/		
33		/					83		/		
34		/					84		/		
35	/						85		/		
36		/					86		/		
37		/					87	/			
38		/					88		/		
39		/					89		/		
40		/					90		/		
41		/					91		/		
42		/					92		/		
43		/					93		/		
44		/					94		/		
45		/					95		/		
46		/					96		/		
47	/						97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	88						TOTAL DEP.				
TOTAL CLAIMS	96						TOTAL CLAIMS				